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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		COMPLETE
P 0000	This report is the result of an occupancy survey conducted on May 17, 2023, for St. Luke's Hospital- Miners Campus for alterations to construct a new MRI building 1,000 square for addition to the existing hospital and replacement MRI equipment. Based on the occupancy survey was determined the facility was in compliance all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations Hospitals, 28 Pa Code, Part IV, Subparts A and November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facil		e foot ement of curvey, it nce with vania ons for a and B, d the n and	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:							

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Certified End Page

ST. LUKE'S HOSPITAL - MINERS CAMPUS

STATE LICENSE NUMBER: 036801 SURVEY EXIT DATE: 05/17/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY